

# RECOMMENDATION TO GOVERNOR FOR CONTRACT AND BOND APPROVAL

Wisconsin Department of Transportation

DT25 5/2002

		Let Proposal Number
Project ID(s) 6000-00-55	Organization - Division	Bureau
	Transportation Infrastructure Management	Railroads and Harbors
	Originator Name	Title
	Gregory Jacobson 608-266-1824	Contract Manager
	Contract Amount	WisDOT Confidential Estimate
	\$ 15,000	\$ N/A
Contract With	Contract Type	
Wisconsin Central Ltd.	<input type="checkbox"/> Let Construction <input type="checkbox"/> AUP <input type="checkbox"/> S&S <input type="checkbox"/> CRC <input type="checkbox"/> Razing <input type="checkbox"/> Emergency Construction	
of	<input type="checkbox"/> Traffic Mitigation <input type="checkbox"/> Local Construction <input type="checkbox"/> Construction Eng <input type="checkbox"/> Design Eng <input type="checkbox"/> Survey	
Rosemont, IL	<input type="checkbox"/> Bridge Design <input type="checkbox"/> Environmental <input checked="" type="checkbox"/> Railroads Other:	
Project Description/Location		
STH 173, Town of Smithsville		
(WCL Crossing)		
Wood County		

Date Let	Date Awarded	<input type="checkbox"/> Bond Required	<input checked="" type="checkbox"/> Bond Not Required
N/A	N/A		

## Project Requested By or Purpose

This contract provides for railroad force work to be performed in connection with a safety project across Wisconsin Central Ltd. track in the Town of Smithsville. Work involves new railroad crossing.

## Work Consists of

Scope of services includes: Removal of existing track material and the installation of a new widened timber and asphalt crossing.

## Consequences - If Not Approved

If the contract is not signed, the Department will not be able to proceed with the letting of the associated safety project.

## PROJECT FUNDING PERCENTAGES

STATE I.D.	STATE FUNDS	FEDERAL FUNDS	LOCAL FUNDS	OTHER
6000-00-55	10% \$1,500	90% \$13,500		

## Contract Authority

I certify that this contract is financially and programmatically consistent with the approved annual operating budget or facilities program. I further certify that this request for Governor's approval meets all applicable state and federal statutes, rules, regulations, and guidelines. This certification is based upon a thorough and complete analysis of this request.

Forward to Department Secretary	<u>  X  </u>	(Contract Authority)	(Date)
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Forward to Office of the Governor	<u>  X  </u>	(Department Secretary / Deputy Secretary)	(Date)
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Return to Contract Authority	<u>  X  </u>	(Governor - Approval and Authorization)	(Date)
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